

 <p style="text-align: center;">commerce.wi.gov Wisconsin Department of Commerce Safety & Buildings Division Bureau of Integrated Services</p>	<p>CHANGE OF PROPERTY OWNERSHIP COMMERCIAL BUILDING CONSTRUCTION SITES NOTICE OF TERMINATION/NOTICE OF INTENT NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]</p>	<p>Return completed form to: DEPARTMENT OF COMMERCE SAFETY & BUILDINGS DIVISION 3824 CREEKSIDE LA HOLMEN WI 54636 Contact Tel: (608) 785-9334</p>
<p>Complete the following change of property ownership form. <u>After</u> developing a <u>new or updated</u> erosion control plan according to Comm 61.115 and a <u>new or updated</u> long-term storm water management plan according to NR216.47, submit <u>completed</u> registration form to the address shown above.</p>		
1. Construction Site Information	2. NOT for <u>PREVIOUS</u> owner– Fill in all known information	
<p>Plan review transaction # _____ (assigned with original NOI)</p> <p>Site ID # _____</p> <p>Construction Start Date _____</p> <p>Anticipated Construction End Date _____</p>	<p>"I certify under penalty of law that I am no longer the owner for the property. I understand that by submitting this notice of termination, I am no longer authorized to discharge stormwater associated with construction activity by the general WPDES permit, and that discharging pollutants in storm water associated with construction activity to waters of Wisconsin is unlawful where the discharge is not authorized by a general WPDES permit."</p> <p>Owner/Agent printed name _____</p> <p>Telephone Number for owner/agent _____</p> <p>Signature of owner/agent _____</p> <p>NOT Date _____ Date of ownership change _____ Note: ownership change date must be on or before NOT date.</p>	
<p>3. Complete the following for <u>NEW</u> owner/agent. Utilize the check boxes when owner/agent is the same to avoid repeating information. Attach additional copy of this page if there are more customers.</p>		
New owner Information (Customer 1)		Supervising Professional (Customer 3) Agent <input type="checkbox"/>
First Name _____ Last Name _____ Customer Number _____	First Name _____ Last Name _____ Customer Number _____	
Company Name _____	Company Name _____	
Address _____	Address _____	
City _____ State _____ Zip+4 (9 digits) _____	City _____ State _____ Zip+4 (9 digits) _____	
Phone Number (area code) _____ Fax or Internet _____	Phone Number (area code) _____ Fax or Internet _____	
Check others if applicable () Supervising Professional A/E # _____ () Designer	Check others if applicable: () Supervising Professional A/E # _____ () Designer	
Designer Information (Customer 2) Agent <input type="checkbox"/>		REQUIRED SIGNATURES
First Name _____ Last Name _____ Customer Number _____	<p><u>Stormwater Requirements:</u></p> <p>Stormwater plan requirements. <u>NEW OWNER</u> must sign the following verification statement.</p> <p style="padding-left: 20px;">I verify that a long-term stormwater management plan meeting the requirements set forth in NR 216.47 has been developed and will be implemented.</p> <p>New Owner Signature _____</p> <p>Date _____</p>	
Company Name _____		
Address _____		
City _____ State _____ Zip+4 (9 digits) _____		
Phone Number (area code) _____ Fax or Internet _____		
Check others if applicable: () Supervising Professional A/E # _____		